

Name
in
Full

Kitty Boom

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Huntingtown</i> Town		<i>Calvert</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>Oct.</i>	Day <i>14</i>	Years <i>90</i>	Months <i></i> Days <i></i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Cal. Co.</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i></i>		
Married, Single or Widowed <i></i>		Name of Wife or Husband <i>Phil Boom</i>			
Father's Name <i>Not Known</i>			Father's Birthplace <i>Not Known</i>		
Mother's Maiden Name <i>" "</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Holiday Blake</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>General Debility</i>	How long <i></i>
Immediate <i></i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. W. Leitch</i>
	Address <i>Huntingtown</i>
Accident or Suicide? <i></i>	<i>md.</i>



Name
in
Full

Lester Williams Gray

22
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

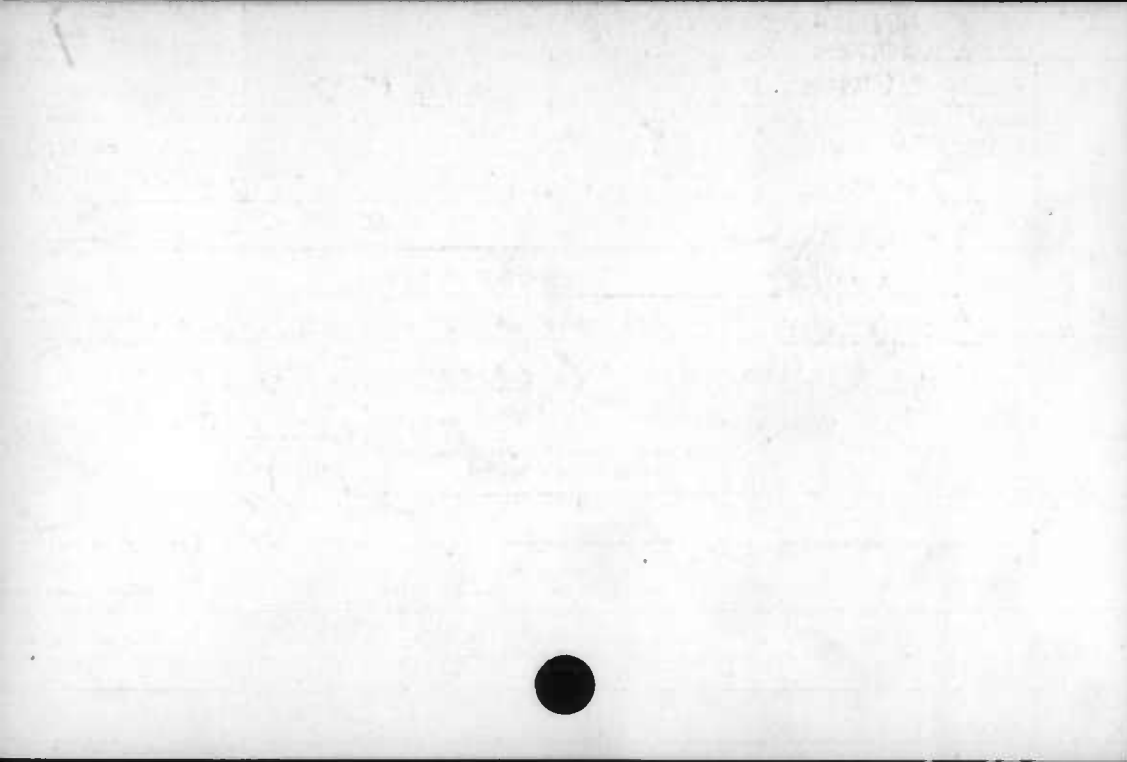
Died at <u>Brown</u> Town		<u>Cuentz</u> County		MARYLAND	
Date of death	1908	Month	OCT	Day	8
Age		Years		Months	16
Sex	male	Color or Race	white	Birth-place	Brown 19th
Occupation	none	Where Residing if not at place of death <u>at home</u>			
Married, Single or Widowed	Single	Name of Wife or Husband <u>none</u>			
Father's Name	Lester B. Gray Sr.	Father's Birthplace <u>Calvert</u>			
Mother's Maiden Name	Minnie Williams	Mother's Birthplace <u>Calvert</u>			
Name of person giving information	Lester B. Gray Sr.	How related to deceased <u>Father</u>			

CAUSES OF DEATH

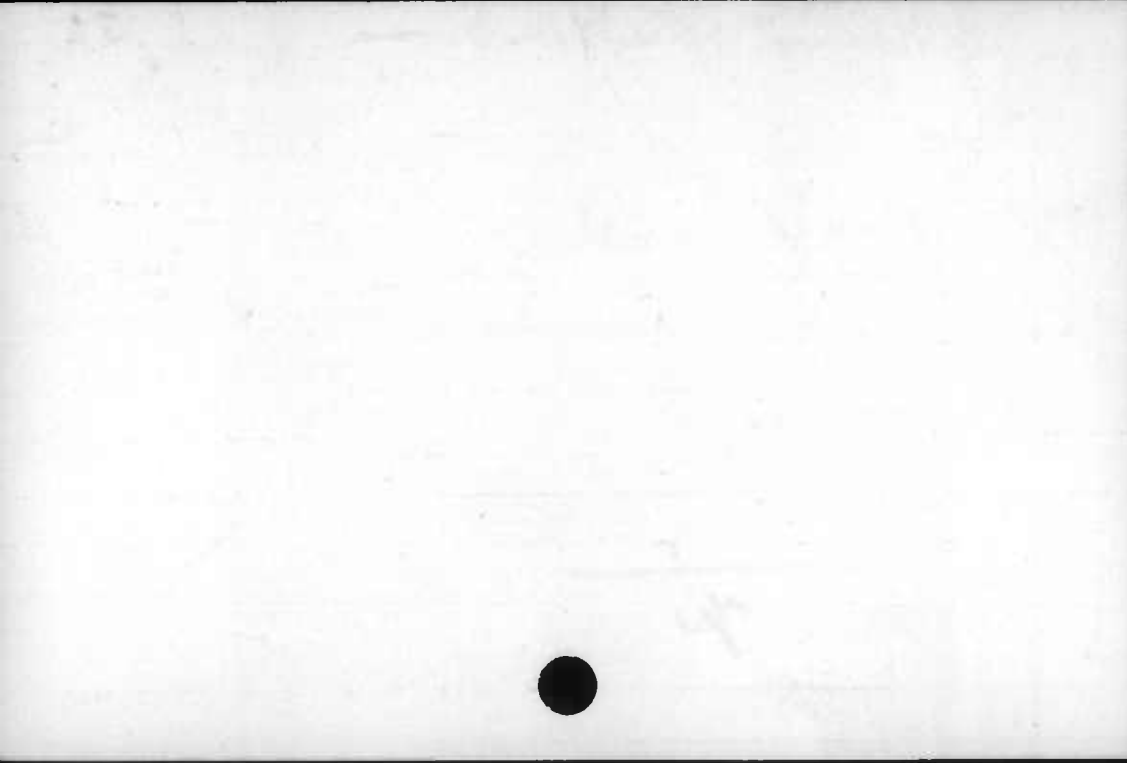
151

PHYSICIAN
OR CORONER

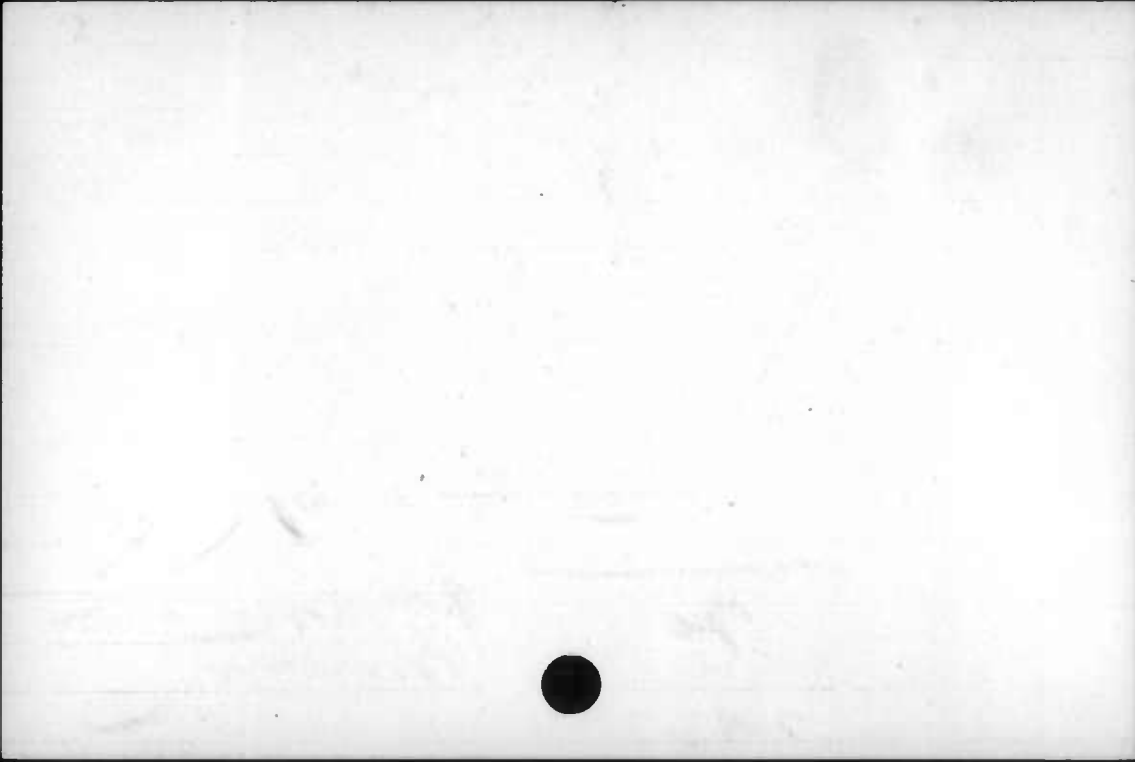
Primary	<u>Inanition</u>	How long?	<u>Since last</u>
Immediate		How long?	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>P. J. Brown</u>	
Yes		Address <u>Calvert</u>	
Accident or Suicide? <u>no</u>			



Name in Full		Lester B. Gray Jr.				23		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Barnes		County		CALVERT	
		Date of death		1908		Month		Oct	
				Day		Age		Years	
				Sex		male		Color or Race	
						Birth-place		Chesapeake	
				Occupation		none		Where Residing if not at place of death	
								at home	
		Married, Single or Widowed		single		Name of Wife or Husband		none	
		Father's Name		Lester B. Gray Sr		Father's Birthplace		Calvert Co	
		Mother's Maiden Name		Norma Williams		Mother's Birthplace		Calvert Co	
		Name of person giving information		Lester B. Gray		How related to deceased		Father	
				CAUSES OF DEATH		(151)			
PHYSICIAN OR CORONER		Primary		Infection		How long		Since birth	
		Immediate				How long			
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. Brown	
				Address		mutual			
		Accident or Suicide?		no					



Name in Full		Wm Harold Shurt. M. Gross.				28 CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Mackall		County Calvert		MARYLAND
	Date of death	1908	Month Oct	Day 16	Age	Years	Months Days
	Sex	Female		Color or Race	Colored		Birth-place Mackall
	Occupation	None			Where Residing if not at place of death		
	Married, Single or Widowed	Single		Name of Wife or Husband None			
	Father's Name	Unknown				Father's Birthplace	
	Mother's Maiden Name	Margaret Gross				Mother's Birthplace Mackall Md	
Name of person giving information		John Joseph Gross				How related to deceased Grandfather	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Stillbirth				How long
	Immediate						How long
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Georgie Peterson		
					Address Mackall		
	Accident or Suicide?				Md.		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

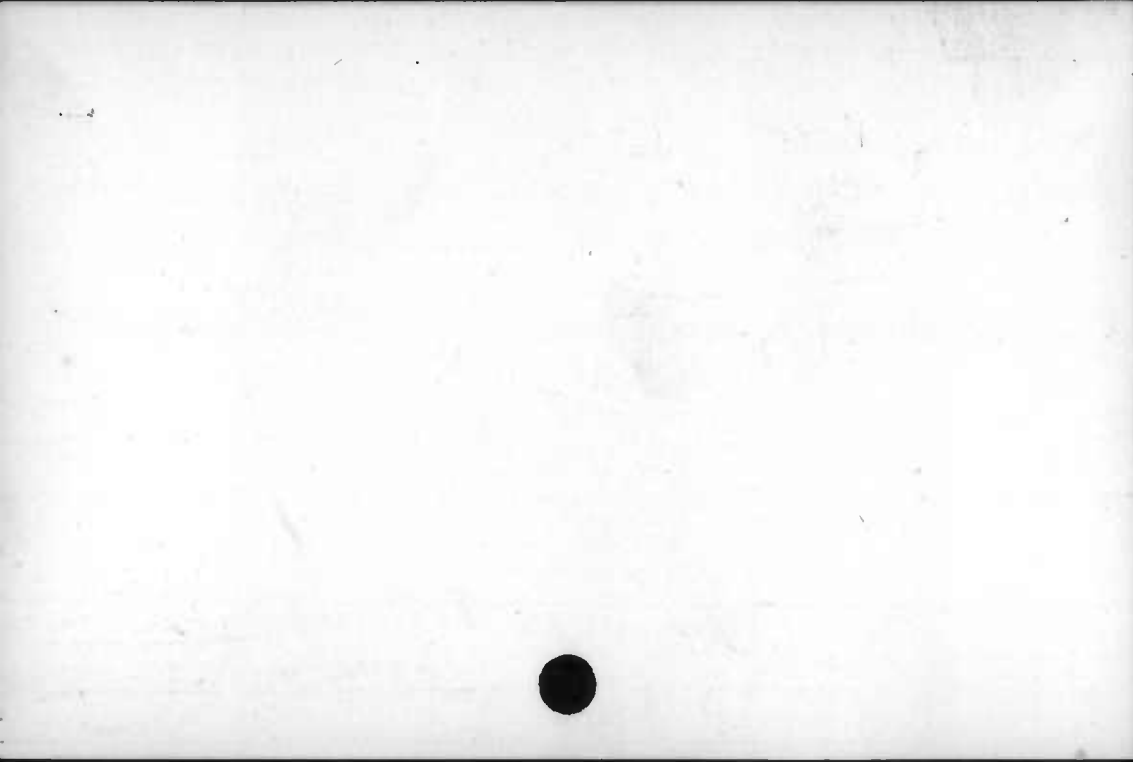
Name in Full <i>Groce Victoria Jett</i>		Town <i>Brown Island</i>		County <i>Calverton</i>		MARYLAND	
Died at <i>Brown Island</i>		Month <i>Oct</i>		Day <i>2</i>		Years <i>2</i>	
Date of death <i>1904 Oct 2</i>		Age <i>2</i>		Months <i>2</i>		Days <i>2</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Brown Island</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Osborne Jett</i>				Father's Birthplace <i>Calverton</i>			
Mother's Maiden Name <i>Maggie Sanford</i>				Mother's Birthplace <i>Baltimore</i>			
Name of person giving information <i>Maggie Sanford</i>				How related to deceased <i>Mother</i>			

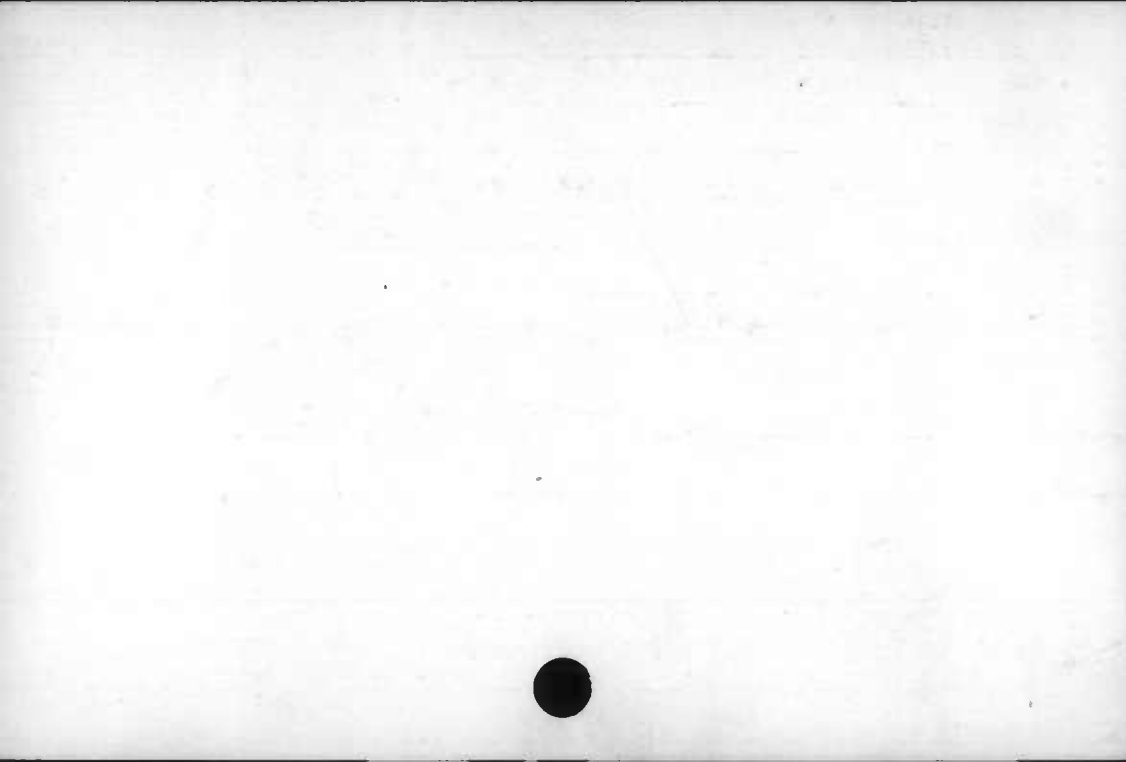
CAUSES OF DEATH

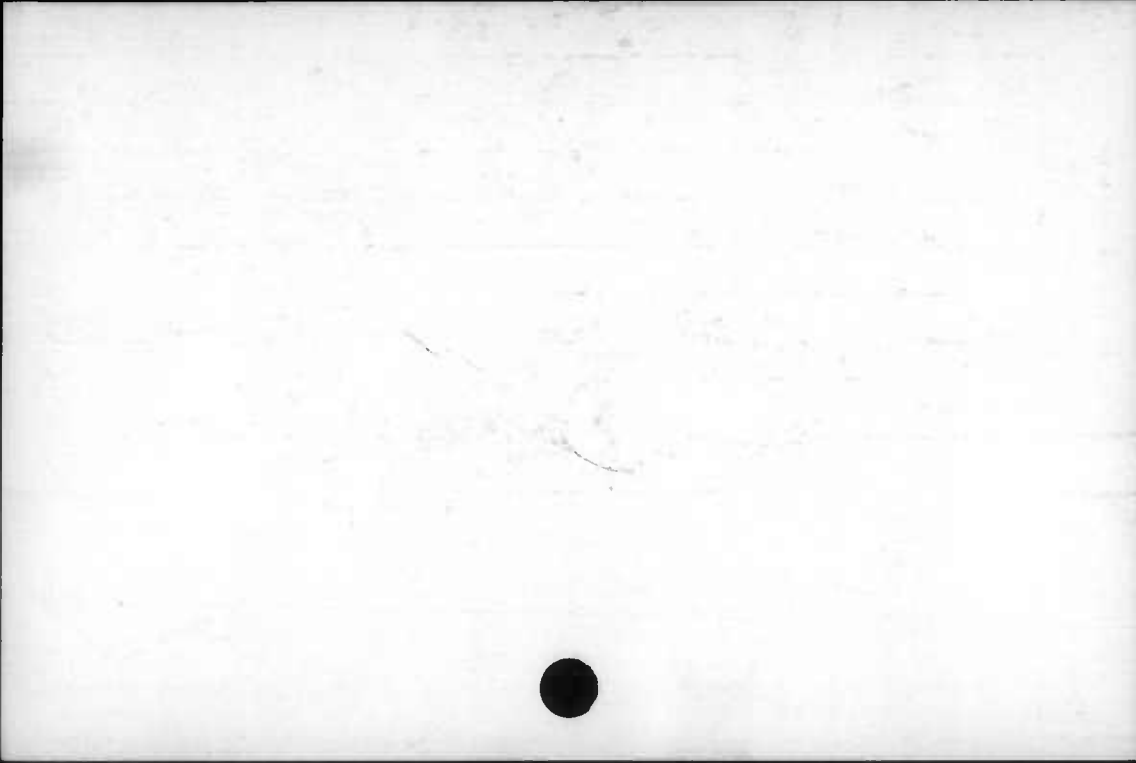
105

PHYSICIAN
OR CORONER

Primary <i>Cold</i>	How long <i>1 week</i>
Immediate <i>Infection</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. B. Porter MD</i>
	Address <i>—</i>
Accident or Suicide? <i>No</i>	







Name
in
Full

27

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Ellendorn Locks ^{Town} Calvert ^{County}Date of death 1908 ^{Month} Oct. ^{Day} 10 Age ^{Years} 5-9 ^{Months} — ^{Days} —Sex Female Color or Race Colored Birth-place Calvert,Occupation Domestic Where Residing if not at place of death at homeMarried, Single Married Name of ~~Wife~~ or Husband Ellendorn LocksFather's Name Leve Springs Father's Birthplace CalvertMother's Maiden Name Mary Johnson Mother's Birthplace CalvertName of person giving information Robert Brooks How related to deceased Bro. Law. -

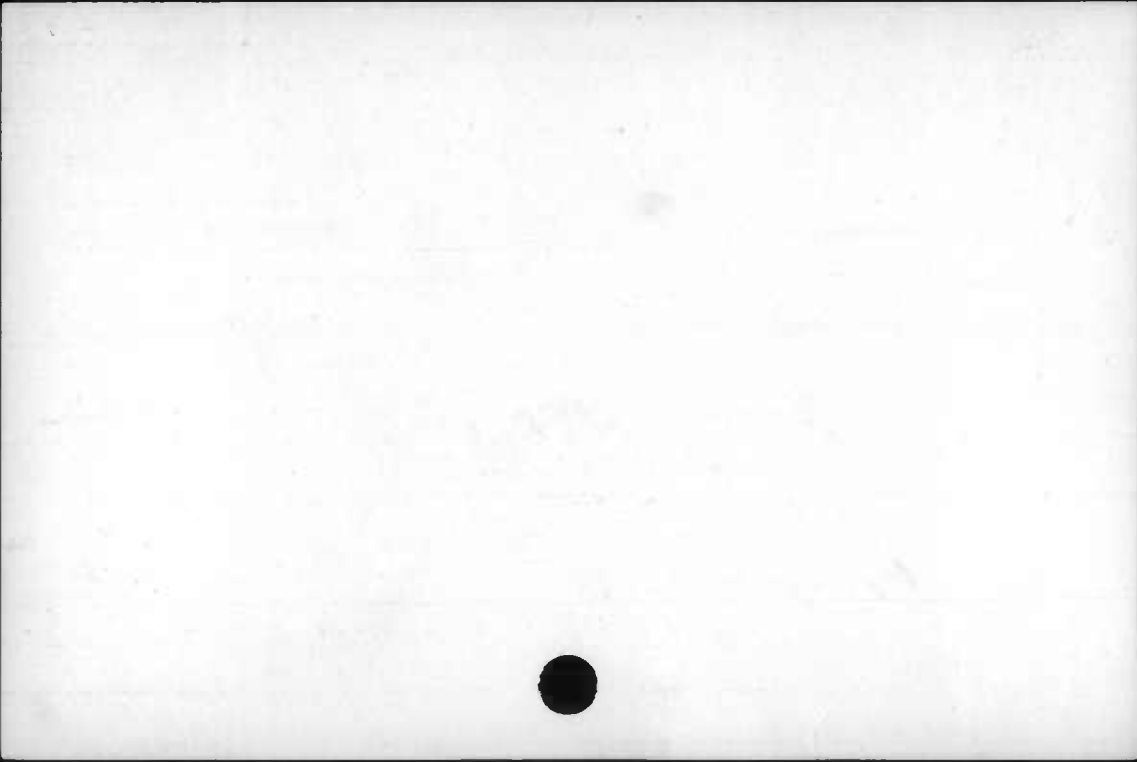
CAUSES OF DEATH

79

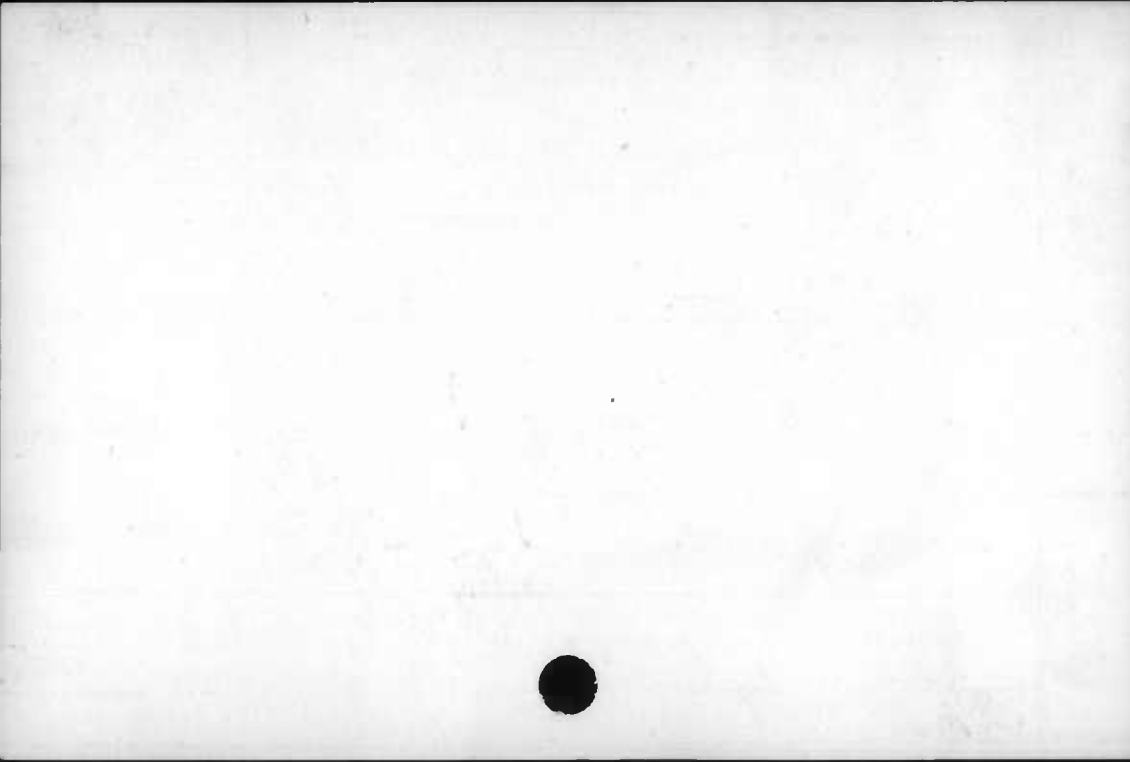
Primary Infantile Parvotuberculosis How long 4 yearsImmediate Bronchitis How long 2 weeksAre the name, age, sex, color, date and place correctly given above? Yls Signature of Physician R. P. Brown

Address

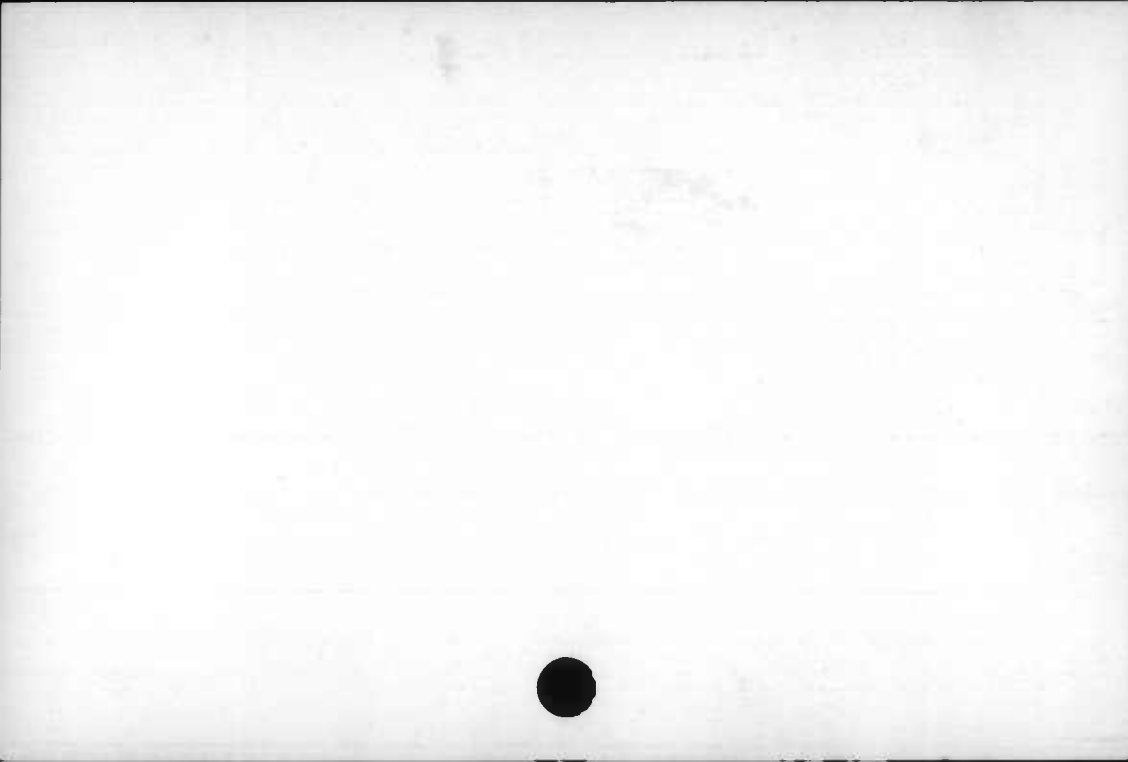
Accident or Suicide?



Name in Full		Munnam Chest of Eliza Mitchell				26- CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Waburden</u>		Town <u>Chesent</u>		County		MARYLAND
	Date of death	1908	Month	Oct.	Day	17	Age
	Sex		Female		Color or Race		Colored
	Occupation				Birth-place		Waburden Mt
	Where Residing if not at place of death						
	Married, Single or Widowed				Name of Wife or Husband		
PHYSICIAN OR CORONER	Father's Name		James D. G. G.		Father's Birthplace		Chesent
	Mother's Maiden Name		Eliza Mitchell		Mother's Birthplace		Calvert Co Md
	Name of person giving information		James D. G. G.		How related to deceased		Father
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				How long		(S)
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		R. Buscon Sutty
					Address		Mulhens
Accident or Suicide?							



Name in Full		Christiana Reed				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Mt. Harmony		County Calvert	
		Date of death		Month Oct		Day 10	
		Age		Years 41		Months 8	
		Sex		Female		Color or Race African	
		Birth-place		Calvert Co.		Maryland	
Occupation		Housewife		Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband		Dennis Reed	
Father's Name		Lemuel Thomas				Father's Birthplace	
Mother's Maiden Name		Christiana Thomas				Mother's Birthplace	
Name of person giving information		Dennis Reed				How related to deceased	
		CAUSES OF DEATH				104	
PHYSICIAN OR CORONER		Primary		Chronic Gastritis		How long	
		Immediate				2 years	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		E. H. Hinman, M.D.	
		Yes		Address		Lo. Marlboro Md.	
		Accident or Suicide?					



Name in Full Susan Robinson		CERTIFICATE OF DEATH	
Died at Solomons Town		Calvert County	
Date of death 1908 Oct. 19		Age 57 Years	
Sex Female		Color or Race White	
Occupation Housewife		Where Residing if not at place of death	
Married, Single or Widowed Married		Name of Wife or Husband Jas. O. Robinson	
Father's Name William Stafford		Father's Birthplace Wicomico Co., Md.	
Mother's Maiden Name Annie Insley		Mother's Birthplace Wicomico Co., Md.	
Name of person giving information Minnie Robinson		How related to deceased Daughter	
CAUSES OF DEATH			
Primary Paralysis		How long about 8 mos.	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Geo. F. Chambers, M.D.	
		Address Lusby, Calvert Co., Md.	
Accident or Suicide?			

(12)



Name
in
Full

CERTIFICATE OF DEATH

Muriel L. Sunde,

Town

Brown Island

County

Calvert

MARYLAND

Died at

Date

of death

Month

Day

Years

Months

Days

1904

Oct

27

Age

7

0

21

Sex

Female

Color or
Race

white

Birth-
place

Calvert Co

Occupation

Where Residing if not
at place of death

TO BE ANSWERED BY
NEAREST FRIEND

Married, Single
or Widowed

Single

Name of Wife or
Husband

none

Father's
Name

Josh S Sunde

Father's
Birthplace

Calvert Co

Mother's
Maiden Name

Maud Storer

Mother's
Birthplace

Charles Co

Name of person giving
Information

Joe Sunde

How related
to deceased

Father

CAUSES OF DEATH

105

Primary

Colitis

How long

6 weeks

Immediate

Bronchitis

How long

6 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

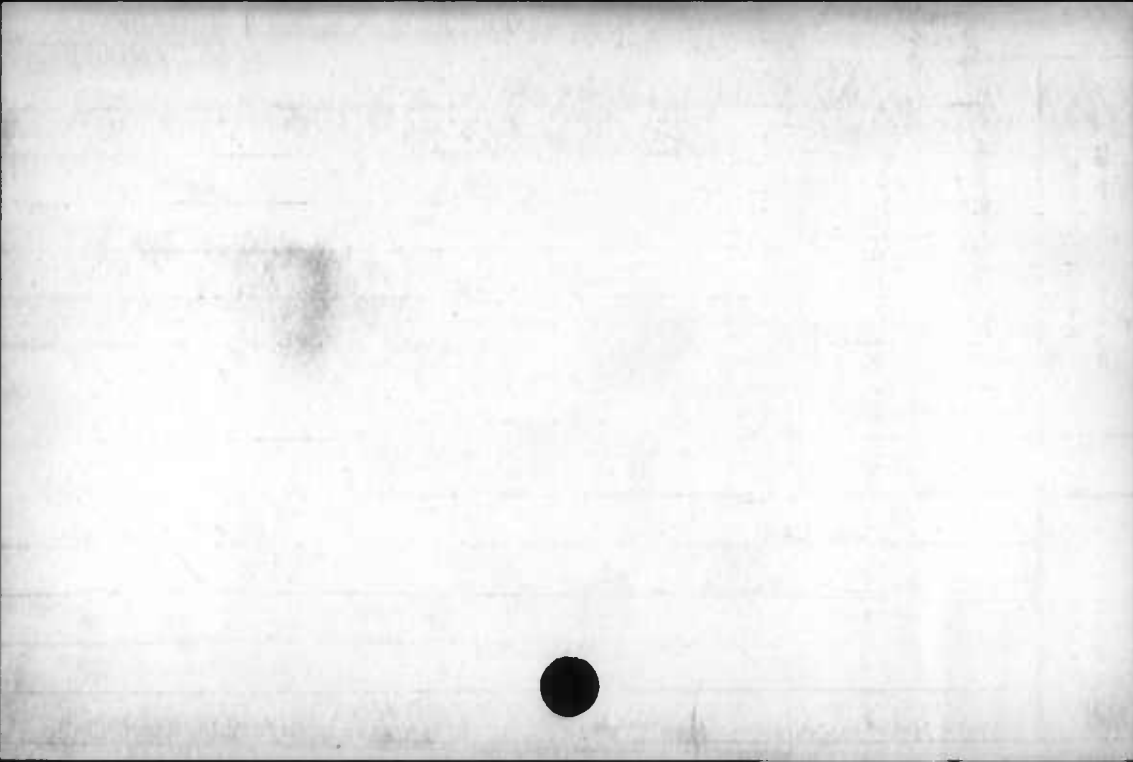
P. Brown

Address

Murphy

Accident or Suicide?

No



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Acquia</i> Town <i>Calvert</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Oct</i>	Day <i>25</i>	Age <i>47</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Calvert</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>"</i>		
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>James Thomas</i>	Father's Birthplace <i>Calvert</i>		
Mother's Maiden Name <i>Francis Curtis</i>	Mother's Birthplace <i>"</i>		
Name of person giving information <i>J. S. Thomas</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

69

PHYSICIAN
OR CORONER

Primary <i>Epilepsy</i>	How long <i>—</i>
Immediate <i>Spasms</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. J. Lusk</i>
	Address <i>Sub Reg.</i>
Accident or Suicide?	



Name
in
Full

Louise Wallace

CERTIFICATE OF DEATH

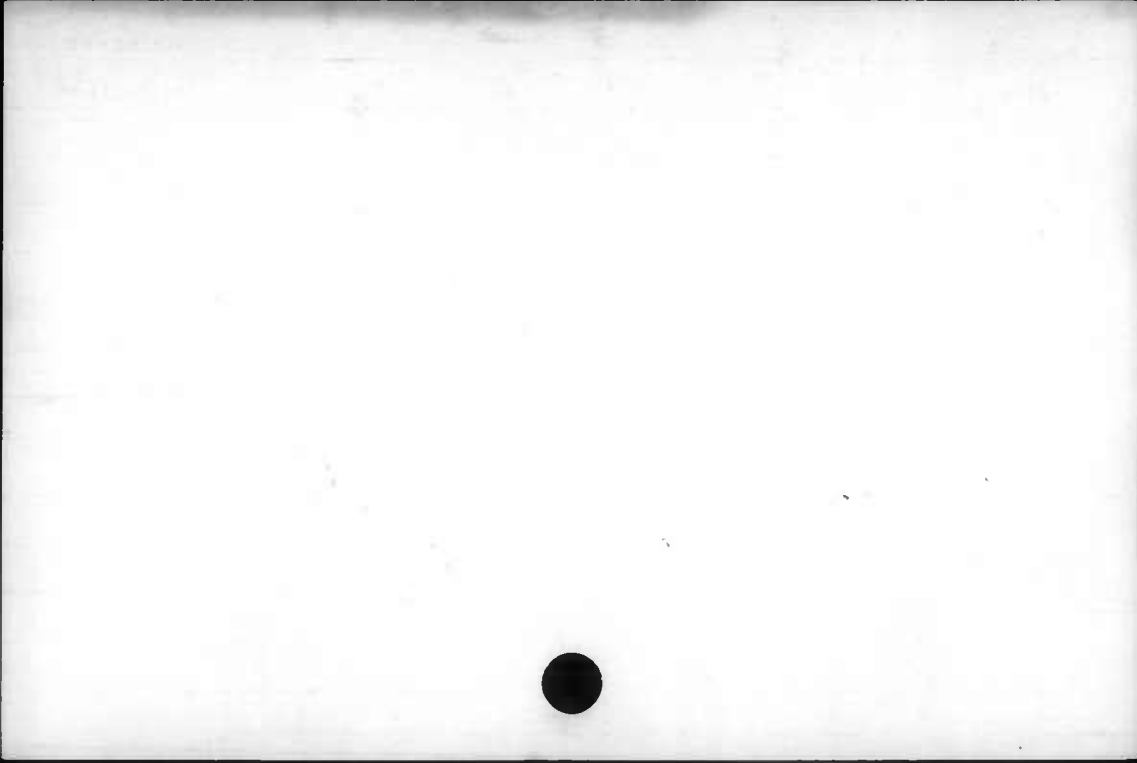
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Parkers Green</i>		Town <i>Calvert</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>Oct</i>		Day <i>4</i>		Age <i>35</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birthplace <i>Calvert Co</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband <i>William Wallace</i>					
Father's Name <i>Not Obtainable</i>		Father's Birthplace <i>Not Obtainable</i>					
Mother's Maiden Name <i>Anelia Hard</i>		Mother's Birthplace <i>Calvert Co</i>					
Name of person giving Information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Lymphoid Fever</i>	How long <i>3 wks</i>
Immediate <i>Abortion</i>	How long <i>3 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. King</i>
	Address <i>Baltimore Md</i>
Accident or Suicide	



Name in Full Genevieve Cordella Watkins		CERTIFICATE OF DEATH	
Died at Town Dunkirk		County Cayuga	
Date of death Month October Day 28		Age Years Months 4 Days	
Sex Female		Color or Race Colored	
Occupation		Birth-place Dunkirk, N.Y.	
Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband	
Father's Name Lara Watkins		Father's Birthplace Cayuga Co. Ind.	
Mother's Maiden Name Mattie Williams		Mother's Birthplace Calvert Co. Md.	
Name of person giving information Lara Watkins		How related to deceased Father	
CAUSES OF DEATH			
Primary Malaria		How long 6 days.	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician W. P. M. Channing M.D.	
		Address Channing, Md.	
Accident or Suicide?			

